



## **Booking Form**

| SHOW / ENSEMBLE NAME                      | NO. OF<br>STUDENTS    | YEAR LEVEL |           |           |          | PREFERRED DATE + TIME<br>(Please provide 2 or more options) |
|---|-----------------------|------------|-----------|-----------|----------|---|
|   |                       | F - 2      | 3 - 4     | 5 - 6     | 7 - 8    |   |
| 1   |                       | 0          | 0         | 0         | 0        |   |
| 2   |                       | 0          | 0         | 0         | 0        |   |
| 3   |                       | 0          | 0         | 0         | 0        |   |
| 4   |                       | 0          | 0         | 0         | 0        |   |
| 5   |                       | 0          | 0         | 0         | 0        |   |
| 6   |                       | 0          | 0         | 0         | 0        |   |
| Primary Contact Name Position             |                       |            |           |           |          |   |
| Primary Contact Email                     |                       |            |           |           |          | Telephone   |
| School                                    |                       |            |           |           |          | School ICSEA  |
| Postal Address                            |                       |            |           |           |          |   |
|   | State                 |            |           |           |          | Postcode  |
| School Email                              |                       |            |           |           |          | Telephone   |
| Principal                                 |                       |            |           |           |          |   |
| Principal Email                           |                       |            |           |           |          |   |
| School Hours                              | Lunch time            |            |           |           |          | Recess time   |
| School Population                         |                       |            |           |           |          |   |
| Are there any specific dates that your so | chool <u>cannot</u> a | ccommo     | date? _   |           |          |   |
| Concerts are for my school only           |                       |            |           |           | S        | We are a guest school                                       |
| O I have read and agree to the terms of   | and conditions        | as state   | d at mus  | icaviva.c | om.au/e  | education/terms   |
| O I am a low ICSEA* school or a small     | school (less the      | an 150 st  | udents) d | and wish  | to apply | for a subsidised fee  |
| Signature                                 |                       |            |           |           |          | Date  |

## PRICING (MIN 150 STUDENTS+)

\$10.50\* per student

All Teachers attend free.

All Musica Viva Australia In Schools' programs are GST free

+An exemption to the minimum student numbers may be available for small schools.

## **RETURN THIS FORM TO**

EducationQLD@musicaviva.com.au

For more information, contact our team at 1300 663 608

ABN 94504497855

Submission of this booking form represents the school's contract with Musica Viva Australia. If you require assistance with booking, please contact your state team.

To find out more about our education resources and professional development, visit musicaviva.com.au/education

\*ICSEA is a scale which allows for fair and reasonable comparisons among schools with similar students. ICSEA is set at average of 1000. Schools with an ICSEA of 1000 or below, can apply for a discount on the per student price of the Musica Viva Australia In Schools program.